

Exhibit 4

LOS ANGELES COUNTY SHERIFF'S DEPARTMENT  
WATCH COMMANDER'S SERVICE COMMENT REPORT

13-198  
232314

15  
SCT COHEN

Receiving Bur/Stn/Sec: <b>SCV STATION</b>		Report Date: <b>7/11/13</b>	Time: <b>1710</b>	SC #: <b>2327546</b>
Investigating Bur/Stn/Sec: <b>SCV STATION</b>		URN #:	IAB #:	
<b>Received By</b>	<b>Commendation</b>	<b>Personnel Complaint</b>		<b>Service Complaint</b>
<input type="checkbox"/> Mail <input checked="" type="checkbox"/> In Person <input type="checkbox"/> Telephone <input type="checkbox"/> 800 Line <input type="checkbox"/> E-Mail/Fax <input type="checkbox"/> Website	<input type="checkbox"/> Application to Duties <input type="checkbox"/> Commendable Restraint <input type="checkbox"/> Exemplary Conduct <input type="checkbox"/> Tactical Excellence	<input checked="" type="checkbox"/> Criminal Conduct (All copies to Unit Cmdr) <input type="checkbox"/> Discourtesy <input type="checkbox"/> Dishonesty <input type="checkbox"/> Unreasonable Force <input type="checkbox"/> Improper Tactics <input type="checkbox"/> Improper Detention, Search, or Arrest		<input type="checkbox"/> Neglect of Duty <input type="checkbox"/> Operation of Vehicles <input type="checkbox"/> Off Duty Conduct <input type="checkbox"/> Harassment <input type="checkbox"/> Discrimination <input type="checkbox"/> Other
<input type="checkbox"/> Policy/Procedures <input type="checkbox"/> Response Time <input type="checkbox"/> Traffic Citation <input type="checkbox"/> Other				
<b>Reporting Party Information</b>				
Last Name: [REDACTED]		First Name: [REDACTED]	MI: [REDACTED]	Sex: <b>F</b>
Residence: [REDACTED]		City: [REDACTED]	State: [REDACTED]	Zip: [REDACTED]
Home Phone: [REDACTED]		Work Phone: [REDACTED]	Cell Phone: [REDACTED]	
Home E-Mail Address: [REDACTED]		Work E-Mail Address: [REDACTED]		
Third Party: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Present at Incident: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
Has any member of this Department attempted to discourage you in any way from bringing this matter to the attention of the Department? If Yes, Who? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
<b>Involved Party Information (If not Reporting Party)</b>				
Last Name: [REDACTED]		First Name: [REDACTED]	MI: [REDACTED]	Sex: [REDACTED]
Residence: [REDACTED]		City: [REDACTED]	State: [REDACTED]	Zip: [REDACTED]
Home Phone: [REDACTED]		Work Phone: [REDACTED]	Cell Phone: [REDACTED]	
Home E-Mail Address: [REDACTED]		Work E-Mail Address: [REDACTED]		
<b>Contact/Event Information</b>				
Date: <b>7/10/13</b>	Time: <b>0750 Hrs</b>	City or Station Area: <b>SANTA CLARITA</b>		RD: [REDACTED]
Location/Address: <b>NEWTALL RANCH RD AT MEADOW RIDGE ROAD, SANTA CLARITA</b>				
Synopsis of Contact/Event: [REDACTED] SAID SHE WAS ISSUED A CITATION FOR				
SABOTAGE. SHE TOLD THE DEPUTY SHE WAS A NURSE AND WOULD EXTEND THE				
SAME COURTESY TO HIM SOMEDAY.				
Was a Supervisor Present? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Last Name: [REDACTED] First Name: [REDACTED] MI: [REDACTED] Rank: [REDACTED] Employee #: [REDACTED]				
<b>Witness Information</b>				
Last Name: [REDACTED]		First Name: [REDACTED]	MI: [REDACTED]	Sex: [REDACTED]
Residence: [REDACTED]		City: [REDACTED]	State: [REDACTED]	Zip: [REDACTED]
Home Phone: [REDACTED]		Work Phone: [REDACTED]		
Home E-Mail Address: [REDACTED]		Work E-Mail Address: [REDACTED]		
<b>Involved Employee Information</b>				
Last Name: <b>KELLY</b>	First Name: <b>TRAVIS</b>	MI: <b>E</b>	Work Phone: <b>661-255-1121</b>	Height: <b>511</b>
Employee #: <b>404532</b>	Unit of Assignment: <b>SCV</b>	Work Assignment (Unit #, Module, etc): <b>6072</b>	<input type="checkbox"/> EN Shift <input checked="" type="checkbox"/> Day Shift <input type="checkbox"/> PM Shift <input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> O.T. Shift <input type="checkbox"/> Off Duty	Weight: <b>215</b>
Last Name: [REDACTED]	First Name: [REDACTED]	MI: [REDACTED]	Work Phone: [REDACTED]	Height: [REDACTED]
Employee #: [REDACTED]	Unit of Assignment: [REDACTED]	Work Assignment (Unit #, Module, etc): [REDACTED]	<input type="checkbox"/> EN Shift <input type="checkbox"/> Day Shift <input type="checkbox"/> PM Shift <input type="checkbox"/> Regular Shift <input type="checkbox"/> O.T. Shift <input type="checkbox"/> Off Duty	Weight: [REDACTED]
<b>Employee Witness Information</b>				
Last Name: [REDACTED]	First Name: [REDACTED]	MI: [REDACTED]	Employee #: [REDACTED]	Employee #: [REDACTED]
<b>Watch Commander (Person Completing Report)</b>				
Print Full Name: <b>JOHN RUSK</b>		Employee #: <b>257049</b>	Signature: [REDACTED]	
White - LTD Hqtrs      Canary - Unit Commander      Pink - Division Hqtrs      Green - Reporting Party				

WSCR # 232~~314~~

Reporting Party: [REDACTED]

Involved Employee: Travis Kelly

She said Deputy Kelly threw her licence at her. Later he took her citation and license, changed the citation, gave it back to her and said, "Now it's double." He also told her he was going to report her to the Nursing Board.



## RESULT OF SERVICE COMMENT REVIEW

SCR# (PDE)	2337546	SCR#	232314
Rank and Name		Employee #	Unit
SCR Intake Completed by: Lieutenant John Rush		257049	Santa Clarita
SCR Review Conducted by: Sergeant Richard Cohen		225762	Santa Clarita
			<input type="checkbox"/> COMMENDATION <input type="checkbox"/> SERVICE COMPLAINT <input checked="" type="checkbox"/> PERSONNEL COMPLAINT
<b>REVIEW/DISPOSITION</b>		<b>FINAL NOTIFICATIONS/PROCESSING</b>	
<input type="checkbox"/> Commendation Public (Received from individual members of the public, businesses, corporations, etc.) <input type="checkbox"/> Commendation Professional (Government entities expressing appreciation for professional services rendered by our personnel.) <input type="checkbox"/> Review Comp - Service Only - No Further Action <input type="checkbox"/> Employee Conduct Appears Reasonable (Review indicated the employee's actions appear to be in compliance with procedures, policies, guidelines or training.) <input type="checkbox"/> Appears Employee Conduct Could Have Been Better (The employee's actions were in compliance with procedures, policies, guidelines. The complaint could have been minimized if the employee had employed tactical communication principles or common sense.) <input type="checkbox"/> Employee Conduct Should Have Been Different (The employee's actions were not in compliance with established procedures, policies, guidelines or training. W/C will take appropriate actions.) <input type="checkbox"/> Unable to Make a Determination (The review revealed insufficient information to assess the employee's alleged conduct or to identify the employees involved.) <input checked="" type="checkbox"/> Resolved - Conflict Resolution Meeting (A conflict resolution meeting with the reporting party and involved employee(s) was held. The meeting adequately addressed all concerns and no further actions are deemed necessary.)		Date WSCSR Received by Unit: 07/11/13 Date Acknowledgement Letter Sent To Reporting Party: 07/22/13 Date Review Completed: 08/31/13 Date Final Outcome Letter Sent To Reporting Party: 09/03/13 Date Completed Review Form Provided To Involved Employees: 1/1/13 Provided by: _____ Emp #: _____	
<b>CONFLICT RESOLUTION TECHNIQUES UTILIZED:</b> This section must be completed <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<b>ATTACHMENTS INCLUDED</b> <input checked="" type="checkbox"/> Original WSCSR <input checked="" type="checkbox"/> Watch Commander's Memo <input checked="" type="checkbox"/> Acknowledgement Letter to Reporting Party <input checked="" type="checkbox"/> Final Outcome Letter to Reporting Party <input type="checkbox"/> Audio Tapes Quantity: _____ <input type="checkbox"/> Video Tapes Quantity: _____ <input type="checkbox"/> Unit Performance Log <input type="checkbox"/> Other _____	
<b>WATCH COMMANDER'S DISCRETION SERVICE REVIEW TERMINATED</b> <input type="checkbox"/> Reporting Party under the influence at time of complaint and re-contacted when sober - no misconduct reported. <input type="checkbox"/> Factually impossible complaint or reporting party demonstrated diminished capacity. <input type="checkbox"/> Third party complaint without witnesses where the allegedly aggrieved party is uncooperative or unavailable and there is insufficient evidence to continue review or inquiry. <input type="checkbox"/> Watch Commander has personal knowledge the complaint is false.		<b>APPROVED DISPOSITION</b> <input checked="" type="checkbox"/> Recommended Outcome Approved - No Further Action <input type="checkbox"/> Unit Performance Log Required <input type="checkbox"/> Internal or Outside Agency Criminal Investigation Initiated <input type="checkbox"/> Internal Affairs Investigation Initiated <input type="checkbox"/> Unit Level Administrative Investigation Initiated IAB # _____ Date Initiated 1/1/13	
<b>EXONERATION</b> <input type="checkbox"/> The employee was not personally involved or in any way connected to the incidents or alleged conduct. <input type="checkbox"/> Inquiry revealed that all allegations were clearly false or reporting party demonstrated diminished capacity. <input type="checkbox"/> The allegations, broadly construed and even if true, would not in any circumstances constitute a violation of the law or Department policy, rule, or procedure, and the conduct is not otherwise censurable. It is requested that the below employee(s) be deemed exonerated: _____ _____ Name _____ Employee # _____ Division Chief (Name) _____ Signature _____ Date 1/1/13		<b>FINAL APPROVAL</b> The below, signed, reviewed and approved the disposition of this service review. Captain Paul Becker Unit Commander (Print Name) _____ Signature _____ Date 9/10/13 Commander Ray Leyva Division Commander (Print Name) _____ Signature _____ Date 9/17/13	
		<b>FOR DISCOVERY UNIT USE ONLY</b> Received at Discovery Unit by _____ Date 9/23/13 Reviewed by _____ Date 10/9/13 Entered into PPI by _____ Date _____ Comments: _____	

Rev. 05/14/2009



*County of Los Angeles*  
**Sheriff's Department Headquarters**

4700 Ramona Boulevard  
Monterey Park, California 91754-2169



(661) 255-1121

PLEASE REFER  
TO FILE NO. \_\_\_\_\_

September 3, 2013



**SERVICE COMMENT REPORT # 232314**

Dear [REDACTED]

Thank you for taking the time to express your concerns regarding personnel from the Santa Clarita Valley Station. Your complaint was documented and assigned to [REDACTED] for investigation.

On July 10, 2013, you filed a complaint with the Santa Clarita Valley Sheriff's Station alleging that one of our personnel was discourteous during a traffic stop. Your complaint has been thoroughly investigated. On August 21, 2013, you participated in a conflict resolution meeting with the involved employee. The meeting adequately addressed all concerns and no further actions are deemed necessary. Please know that, regardless of the final outcome of this incident, we have discussed and documented the matter with our personnel, continuing to emphasize our expectation of professional courtesy and conduct when dealing with the public we serve.

I appreciate you bringing this matter to my attention and the opportunity it has afforded me to evaluate the conduct of our personnel. If you have any questions about the results of our review of your complaint, please contact me at (661) 255 - 1121. If you are not satisfied with our investigation, you may contact the Department of Ombudsman at 510 South Vermont Avenue, Suite 215, Los Angeles, California 90020, (800) 801-0030 or (213) 738 - 2003, or fax (213) 637 - 8662.

Sincerely,

LERROY D. BECKER, SHERIFF

Paul Becker, Captain  
Santa Clarita Valley Station

*A Tradition of Service Since 1850*